



PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 5 609 8 0 1 1 00 5

ŅATIONAL		(Colur	nn 1)		(Catura - 0)		SMALL EN		OR	OTHER	
NATIONAL	OT 1 OF FEE				(Column 2)	_	TYPE		OK	SMALL	ENTITY
						RATE	FEE	7	RATE	FE	
BASIC FEE SMALL EN				LAR	GE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	300
IINATION F			All other situations = \$ 100 / \$ 200			EXAM. FEE			EXAM. FEE	24	
CH FEE	ALL other co	U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400		All other situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	yv	
OR EXTRA	/ 9 minus 100 =		/ 50 =			X \$ 125 =		1	X \$ 250 =	1	
L CHARGEA	20 minus 20 = .					X \$ 25 =		OR	X \$ 50 =		
ENDENT C	minus 3 = ,		•			X \$ 100 =		OR	X \$ 200 =	 	
MULTIPLE DEPENDENT CLAIM PRESENT							+ \$ 180 =		OR	+ \$ 360 =	340
If the difference in column 1 is less than zero, enter "0" in				" in co	olumn 2	•	TOTAL		OR	TOTAL	1360
(Column 1) (Column			n 2)	(Column 3)	-	SMALL E	ENTITY	OR			
· · · · · · · · · · · · · · · · · · ·	REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADDI TIONA FEE
otal	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
dependent	<u> </u>	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
					-	•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1)		(Colum	n 2)	(Column 3)						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
tal	•	Minus	**		=	Γ	X \$ 25 =		OR	X \$ 50 =	
lependent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
IRST PRESI	ENTATION OF M	JLTIPLE DEPE	NDENT CI	AIM			+ \$ 180 =		OR	+ \$ 360 =	
						7			OR		
	CH FEE OR EXTRA CHARGEA ENDENT CI PLE DEPEN e difference dependent FIRST PRES	CHARGEABLE CLAIMS ENDENT CLAIMS PLE DEPENDENT CLAIM PR e difference in column 1 is CLAIMS AS (Column 1) CLAIMS REMAINING AFTER AMENDMENT * COLUMN 1 CLAIMS CLAIMS REMAINING AFTER AMENDMENT CLAIMS CLAIMS	CH FEE CH FEE CH FEE CH FEE CHARGEABLE CLAIMS CHARGEABLE CLAIMS ENDENT CLAIMS PLE DEPENDENT CLAIM PRESENT The difference in column 1 is less than zer CLAIMS AS AMENDED (Column 1) CLAIMS REMAINING AFTER AMENDMENT AFTER AMENDMENT CLAIMS REMAINING AFTER AMENDMENT AFTER AMENDMENT Minus CLAIMS REMAINING AFTER AMENDMENT AFTER AMENDMENT Minus Minus	CH FEE U.S. is ISA = \$50 /\$ 100 ALL other countries = \$200 /\$ 400 OR EXTRA SPEC. PGS. CHARGEABLE CLAIMS ENDENT CLAIMS PLE DEPENDENT CLAIM PRESENT difference in column 1 is less than zero, enter "0 CLAIMS AS AMENDED - PART (Column 1) (Col	CH FEE (4) = \$50/\$100 U.S. is ISA = \$50/\$100 ALL other countries = \$200 / \$400 OR EXTRA SPEC. PGS. CHARGEABLE CLAIMS ENDENT CLAIMS ENDENT CLAIMS PLE DEPENDENT CLAIM PRESENT de difference in column 1 is less than zero, enter "0" in column 1 (Column 1) (Column 2) CLAIMS REMAINING AFTER AMENDMENT (Column 2) Minus ** dependent (Column 1) (Column 2) CLAIMS REMAINING AFTER AMENDMENT Minus ** HIGHEST NUMBER PREVIOUSLY PAID FOR Tall (Column 2) Minus ** HIGHEST NUMBER PREVIOUSLY PAID FOR Tall The Minus ** Minus Minus ** Minus Minus Minus ** Minus Minus Minus Minus Minus Minus Minus Minus Mi	(4) = \$50/\$ 100 \$100 / \$200	(4) = \$50/\$100	(4) = \$50/\$100	(4) = \$50/\$100	Salisfies PCT Article 33(1)	NATION FEE Satisfies PCT Article 33(1)

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

	REQUEST FOR PATENT FE	E REF	UND	10/525671						
1 Da	te of Request: 2 Ser	ial/Pa	tent							
3 Please refund the following fee(s):			PER MBER	5 DATE FILED	6 AMOUNT					
	Filing				\$					
	Amendment				\$					
ì	Extension of Time				\$					
	Notice of Appeal/Appeal		<u></u>	,	\$					
	Petition				\$					
	Issue				\$					
	Cert of Correction/Terminal Disc.				\$					
	Maintenance				\$					
	Assignment				\$					
	Other				\$					
			TAL A	MOUNT UND	\$					
				8 TO BE REFUNDED BY:						
10 REASON:			Treasury Check							
	Overpayment		Cı	redit Depo	osit A/C #:					
	Duplicate Payment		9							
	No Fee Due (Explanation):	<u></u>								
11 REFUND REQUESTED BY:										
TYPE	D/PRINTED NAME:		TI	ITLE:	SIIS DRINHLII HATUAYZOGA					
SIGNATURE:				Mane/N	005 PKIDWELL 0018413900 umber:10525671 \$400_00 CR					
OFFICE:										
THIS SPACE RESERVED FOR FINANCE USE ONLY:										
APPR	OVED:	DATI	E: _							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B